



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuegraf, Klaus F.

Application No.: 09/212,726

Group No.: 2812

Filed: 12/15/1998

Examiner: E. Kielin

For: Semiconductor Processing Methods of Chemical Vapor Depositing SIO2 on a Substrate

Assistant Commissioner for Patents  
Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

## STATUS

- Applicant is other than a small entity.

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## EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 9/18/2000

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

Cheryl Boies  
(type or print name of person certifying)

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

OTHER THAN A						
(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total 10	Minus 20	= 0	x \$18 =	\$0		
Indep. 4	Minus 4	= 0	x \$78 =	\$0		
First Presentation of Multiple Dependent Claim				+ \$260 =	\$0	
				Total		
				Addit. Fee	\$0	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-0925.  
If any additional fee for claims is required, charge Account No. 23-0925.

Dated: Sep 18, 2000



#### SIGNATURE OF PRACTITIONER

Bernard Berman  
Reg. No. 37,279  
Wells, St. John, Roberts, Gregory & Matkin P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828  
Phone: (509) 624-4276  
Fax: (509) 838-3424  
Customer No. 021567